



## Academic Bankruptcy Request Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

KCTCS Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

*I hereby notify the Chief Academic Officer that I request the option of Academic Bankruptcy for my coursework at Elizabethtown Community and Technical College. I understand that I may only use this option **once**.*

*This request is being made for\*: Spring/Summer/Fall (Circle One) Year: \_\_\_\_\_*

*\*The term in which you complete 12 credit hours in 100 level classes with at least a 2.0 GPA.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to the ECTC Records Office (RPC Building, Room 110) by email, mail or in-person.

Elizabethtown Community and Technical College  
Attn: Records Office  
610 College Street Road  
Elizabethtown, KY 42701  
[elizabethtownrecordsoffice@kctcs.edu](mailto:elizabethtownrecordsoffice@kctcs.edu)